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03/29/05--01042--014 **125.00



· CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Date

Will Dick Lin

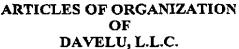
Signature

Name

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Art of Inc. File
LTD Partnership File
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Photo Copy
Certificate of Good Standing
Certificate of Status
Certificate of Fictitious Name
Corp Record Search
Officer Search
Fictitious Search
Fictitious Owner Search
Vehicle Search
Driving Record
UCC 1 or 3 File
UCC 11 Search
UCC 11 Retrieval



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The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Chapter 608 of the Florida Statutes, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is:

DAVELU, L.L.C.

SECOND: The Limited Liability Company shall continue until the occurrence of an event set forth in the Operating Agreement which causes the termination of the Limited Liability Company.

THIRD: The Limited Liability Company is organized to engage in and do any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Chapter 608 of the Florida Statutes, including all powers and purposes now and hereafter permitted by law to a limited liability company.

FOURTH: The mailing address and street address of the initial registered office of the Limited Liability Company in Florida is 759 South Federal Highway, Suite 302, Stuart, Florida 34994, and the name of the initial registered agent of the Limited Liability Company in Florida at that address is David Christenson.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

David Christenson

FIFTH: The mailing address and principal office of the Limited Liability Company is 759 South Federal Highway, Suite 302, Stuart, Florida 34994.

SIXTH: The Limited Liability Company will be operated by the Members, and no manager will be appointed. The names and addresses of the Members are: David Christenson and Lucille Christenson, 759 South Federal Highway, Suite 302, Stuart, Florida 34994.

SEVENTH: The total amount of cash (and a description and agreed value of any property other than cash) contributed to the Limited Liability Company, as capital, by the Members is \$1,000.00. The allocations and distributions of the Limited Liability Company shall be made in proportion to the Members' Percentage Interests.

EIGHTH: Additional capital contributions may be made at such times and in such amounts as may hereafter may be agreed by the unanimous vote of the Members. No additional capital contributions have been agreed to by the Members at this time.

NINTH: The existing Members shall have the right to admit additional Members to the Limited Liability Company, by the unanimous vote or consent of the Members.

TENTH: The remaining Members of the Limited Liability Company, by the unanimous vote or consent of the Members (other than the Member who caused the Withdrawal Event), may continue the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

ELEVENTH: None of the Members of the Limited Liability Company are liable for payment of any debt, obligation or other liability of the Limited Liability Company.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on March , 2005.

In the presence of:

David Christenson

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Iracio Hollane

print;

STATE OF FLORIDA, COUNTY OF MARTIN, ss.

The foregoing instrument was acknowledged before me on the 29 day of March, 2005, by David Christenson.



Notary Public

My commission expires on 9/29/05

Personally Known ____ OR Produced Identification _____ Type of Identification Produced:

STATE OF FLORIDA, COUNTY OF MARTIN, ss.

The foregoing instrument was acknowledged before me on the 29 day of March, 2005, by Lucille Christenson.



printi Kristen Brown

Notary Public
My commission expires on 9/29/05

Personally Known \(\sum_{\text{\colored}} \) OR Produced Identification \(\sum_{\text{\colored}} \)

Type of Identification Produced: